

REMARKS/ARGUMENTS

The foregoing amendment and the remarks which follow are responsive to the office action dated March 18, 2005. In that office action, claims 65, 67, 69 and 70 were rejected under 35 U.S.C. §102(b) as being anticipated by United States Patent No. 5,851,232 (Lois) and, additionally, all claims 65-70 were rejected under 35 U.S.C. §102(e) as being anticipated by any of United States Patent Nos. 6,010,530 (Ciocoechea), 6,361,519 (Knudson) and 5,980,552 (Pinchasik et al.).

No admission is made that any of the cited Lois, Ciocoechea, Knudson and/or Pinchasik et al. references actually constitutes prior art to the present application. Applicant reserves the right to later antedate or otherwise establish that any or all of those references do not constitute prior art to this patent application of any division or continuation hereof.

By the foregoing amendment, claim 69 has been cancelled, claims 65-68 and 70 have been amended and new dependent claims 83-87 have been added. No new matter has been added.

As amended, independent claim 65 recites a method for stenting a transmyocardial passageway which extends from a chamber of the heart to a coronary blood vessel. In this method, a stent apparatus having a cover is provided (Step A) and positioned (Step B) within the subject's body such that a portion of the stent apparatus resides within the transmyocardial passageway and a portion of the stent apparatus extends out of the transmyocardial passageway and into the coronary blood vessel. Claim 65 further recites that the stent has a covering that it is positioned such that the covering directs blood flow from the transmyocardial passageway through the coronary blood vessel in a desired direction.

Neither Lois nor Ciocoechea nor Knudson nor Pinchasik et al. nor any other prior art of record discloses or renders obvious the method recited in independent claim 65. Lois, Ciocoechea and Pinchasik et al. describe stents that are positioned within the lumens of blood vessels but do not even suggest the formation or stenting of any transmyocardial passageway which extends from a chamber of the heart to a coronary blood vessel. Knudson et al. does describe a surgically created transmyocardial passageway that extends between a chamber of the heart and a coronary artery and a generally T shaped stent device/system that is positioned at the intersection of the transmyocardial passageway and the coronary artery. (see for example Figure

7 of Knudsen et al.) However, the stent device/system described by Knudson et al. does not have any cover that directs blood flow through the coronary artery in a desired direction. In contrast, the method recited in Applicant's Claim 65 uses a stent having a cover that is positioned such that the cover directs a flow of blood from the transmyocardial passageway in a desired direction through the coronary artery. (see for example Figure 8A of the present application). Because of this flow directing capability, Applicant's claimed invention can even be used to direct arterial blood to flow from the transmyocardial passageway through a coronary *vein* in a direction opposite normal venous blood flow (e.g., in a retrograde direction). Knudsen et al.'s device, as described, could not possibly perform such a function.

Thus, for the reasons stated above as well as other reasons not specifically articulated here, independent claim 65 and dependent claims 66-68, 70 and 83-87 are patentably distinguishable over Lois, Ciocoechea, Knudson, Pinchasik et al. and all other art of record. Reconsideration and issuance of a notice of allowance is earnestly solicited.

Conclusion

For the foregoing reasons, Applicant believes all the pending claims are in condition for allowance and should be passed to issue. The Commissioner is hereby authorized to charge any additional fees which may be required under 37 C.F.R. 1.17, or credit any overpayment, to Deposit Account No. 01-2525. If the Examiner feels that a telephone conference would in any way expedite the prosecution of the application, please do not hesitate to call the undersigned at telephone (707) 543-0221.

Respectfully submitted,



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